PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) FRIENDS OF WARREN CHRISTOPHER 12138 Central Ave ADDRESS (number and street) Suite 971 (Check if address is changed) Mitchelleville 20721 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS FRIENDSOFWARRENCHRISTOPHER@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address warren@warrenchristopherforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00550004 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Esq Leticia Carroll Smith Type or Print Name of Treasurer Esq Leticia Carroll Smith [Electronically Filed] 04 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

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